| 2-02-05 PART B - FEE(S) TRANSMITTAL

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DELPHI TECHN M/C 480-410-202 PO BOX 5052 TROY, MI 48007	OLOGIES, INC.	PATER	C N 1 2005 S	ט ויי	ertificate of Mailing or Tran this Fee(s) Transmittal is beir with sufficient postage for fi ail Stop ISSUE FEE address PTO (571) 273-2885, on the	ng deposited with the United rst class mail in an envelope s above, or being facsimile date indicated below.
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				Sus	2 (9 · A)	(Signature)
APPLICATION NO.	FILING DATE	FIRST NAME		VENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/647,946	08/26/2003	Jerral A.		ong	DP-306246	4586
TITLE OF INVENTION: OVER-DWELL PROTECTION CIRCUIT FOR AN AUTOMOTIVE IGNITION CONTROL SYSTEM						
APPLN. TYPE	SMALL ENTITY	ISSUE F	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO \$1400)	\$300	·\$1700	12/16/2005
EXAMINER		ART UNIT		CLASS-SUBCLAS S	7	
GIMIE, MAHMOUD		3747		123-609000	_	an V. Chmielewski
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON T	HE PATENT (p	rint or type)		
PLEASE NOTE: Unless recordation as set forth in	an assignee is identified be 37 CFR 3.11. Completion	elow, no assignee of this form is NO	data will appear Γa substitute for	on the patent. If an assignment	gnee is identified below, the	document has been filed for
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment 12/05/2005 BABRAHA2 00000104 500831 10647946 (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
DELPHI TECHNOLOGIES, INC.				TROY, MICHIGAN FC: 8001 1300: 00 DA 6.00 DA		
Please check the appropriate	assignee category or catego	ries (will not be pr	inted on the pate	nt): 🗖 Individual 🖶	Corporation or other private gr	roup entity Government
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Issue Fee			A check in the amount of the fee(s) is enclosed.			
Publication Fee (No s		Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 6083 (enclose an extra copy of this form).				
Advance Order - # of Copies				it Number 5008	charge the required fee(s), or (enclose an extra	copy of this form).
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Authorized Signature	Syson 6	when		Date	2-1-05	
Typed or printed name	Susan 6	1. sha	~	Registratio	n No.	
This collection of information	on is required by 37 CFR 1.3	11. The informatio	n is required to o	btain or retain a benefit by	the public which is to file (ar	nd by the USPTO to process)

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce Department of Commerce Port of the USPTO. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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